**OPIOID ADVISORY COMMISSION (OAC)**

# Jackson, Michigan—Jackson Area Recovery Community (JARC)

Session Dates:
November 7, 2023
November 10, 2023

## Summary

Two (2) public listening sessions were held in Jackson, Michigan on November 7, 2023, and November 10, 2023, respectively. Sessions were open to the public and were promoted as "listening sessions on the use of state opioid settlement funds".[1]

Both sessions were held at the Jackson Recovery Resource Center and conducted by the Opioid Advisory Commission (OAC), in collaboration with the Jackson Area Recovery Community (JARC), a recovery community organization (RCO)[2] with the following mission: "…to create a community that is free from stigma towards substance use disorder by bridging the gap between addiction and recovery through education, advocacy, and awareness. JARC aims to be a strong voice for the individuals and families in long-term recovery, ensuring a strong, healthy, and productive community"[3]; both the Jackson Recovery Resource Center (JRCC) and JARC (co-located within the JRCC facility) are affiliated with Home of New Vision, a CARF[4]-accredited substance use disorder service-provider.[5]

Sessions were each 120-minutes in length and held at times that aligned with the existing "community drop-in" schedule at JARC; 17 total attendees were present.

Attendees were provided a brief overview of the OAC and the Community Voices initiative. Facilitation format and participation expectations were discussed at the beginning of each session. Session structure was flexible, allowing for roundtable discussion, with voluntary participation, as desired. Clarifying questions from the OAC facilitator were permitted by the group. Attendees were provided with the following considerations for discussion:

***Your experience****—what would you like to share about your experience(s)?*
*Professionally and/or personally*

***Your observations****—what are you seeing in your community?*
*Strengths/Benefits; Needs/Gaps*

***Your input****—how should the State be spending [state share] opioid settlement dollars?*

[1] https://council.legislature.mi.gov/Content/Files/OAC/JARC%20Final%20Flyer.pdf
[2] https://facesandvoicesofrecovery.org/wp-content/uploads/2023/03/070623_National-Standards-for-RCOs.pdf
[3] http://homeofnewvision.org/jarc/
[4] https://carf.org/
[55] http://homeofnewvision.org/

***Your questions****—what questions do you have for the Opioid Advisory Commission or state government officials?*

The following themes were identified from discussion with participating attendees. The "Recommendations" category was developed by OAC staff to capture thematic elements shared during the sessions.

# Recommendations

**Direct dollars to community organizations; create low barrier funding opportunities**
Recommendations were made to invest state settlement funds back into the community; this would be achieved by directing dollars to community-based organizations, specifically nonprofit provider organizations. Participants reported funding limitations as the primary barrier to expanding/enhancing existing services for recovery, harm reduction/overdose prevention, behavioral health, and housing.

Recommendations were also made to create low barrier funding opportunities for community-based organizations, specifically organizations serving disproportionately impacted populations. Considerations were suggested, including increasing communication with the public and evaluating how information about funding opportunities is currently provided (to communities). Recommendations for ensuring that funding opportunities be low barrier in ease of access, and application and reporting processes, were made.

**Expand recovery supports for assertive outreach and engagement**
Recommendations were made to increase support for direct engagement activities—specifically "assertive outreach"[6] efforts by peer professionals and expansion of engagement centers and mobile/community outreach teams.

Participants emphasized the importance of engagement, especially with the most vulnerable populations—individuals often considered hard-to-reach due to multiple, complex needs and environmental barriers (e.g., housing instability, active substance use, co-occurring mental health disorders, and involvement with the criminal-legal system). Populations served by assertive outreach activities were identified as individuals most "in-need" of resources and/or support services.

Participants also identified current assertive outreach efforts within the community and critical linkages to care, being provided by the following:

[6] "Assertive outreach" is intended to include community outreach activities, delivered strategically, at specific times, locations, or settings, where the chance for contact/engagement with a target population is greatest, while environmental barrier(s) for contact/engagement, are lowest. Assertive outreach activities involve targeted efforts for direct engagement with the most "hard-to-reach" populations, for the purpose of providing education, resource-linkage, and/or service-delivery.

- Peer professionals
- Recovery Community Organizations (RCO)
- Engagement Centers
- Mobile harm reduction teams/harm reduction organization

**Increase housing and transportation supports**
Recommendations were made to increase housing and transportation supports.

Significant housing needs were noted by participants, with service gaps identified around emergency, transitional, and recovery housing services; limited availability of "structured"/ "Step Down" programming, was also identified. Beyond limited local providers, exclusionary policies, including narrow admission/eligibility criteria, lengthy "bans" following program infractions, and limited options for families, were discussed as contributive factors to current housing needs.

Participants also discussed the need for transportation to support critical linkages to care, including withdrawal management programs ("detox"), inpatient/residential substance use disorder (SUD) treatment, and outpatient MOUD[7] services. Barriers were discussed in the lack of on-call transportation options, that if available, may better support immediate access to care. Out-of-county/regional transports were identified as a significant need, given limited local service/provider options (residential SUD treatment), with current transportation options being provided by peer professionals through the local RCO, with noted limited capacity.

**Increase supports delivered at critical times and critical intervention points**
Recommendations were made to increase supports delivered at critical times (e.g., transitions from carceral or treatment settings; post-incident/post-overdose) and at critical intervention points (e.g., recovery community organizations, carceral settings, crisis residential and/or engagement centers; emergency housing facilities).

Participants discussed existing efforts for critical time intervention, including services delivered through the local recovery community organization (RCO), engagement center, mobile harm reduction program/team, and emergency department/hospital. Existing services were regarded as essential to individual engagement and vital in supporting further linkages to care, including health and behavioral health services. Existing efforts were reported to be primarily delivered by peer professionals, positioned in various sectors/organizations. Recommendations were made to expand existing supports to meet (estimated) community need and enhance present efforts.

**Expand and optimize existing services**
Recommendations were made to (1) increase funding for expansion of existing community services and to (2) increase/enhance strategic partnerships for optimized service delivery.

[7] "MOUD": Medications for opioid use disorder; https://www.samhsa.gov/medications-substance-use-disorders

Participants discussed community strengths, including services provided by the local engagement center, RCO, harm reduction organization, hospital, and county health department. Recommendations were made to increase funding to expand existing services, especially those which span multiple systems and provide critical linkages to care.

Significant gaps were identified around critical services, previously offered, but not currently provided. Support for justice-impacted populations was emphasized, specifically MOUD services in carceral (jail) settings; jail-based MOUD was identified as an enduring need, previously but not presently, addressed. Participants discussed how collaboration and strategic community partnerships may best support coordination, program development, optimization, and sustainability, especially around supports for populations with multi-systems involvement and complex needs (e.g., justice-involved individuals).

**Ensure representation of individuals with lived experience; increase workforce development of peer professionals**

Recommendations were made to ensure representation of individuals with lived experience in key sectors and to support broader workforce development of peer professionals.[8]

Participants discussed representation of individuals with lived experience as both a best practice and necessity, in providing culturally responsive services for those seeking support for SUD. Individuals with lived experience who serve as peer professionals, clinicians, community advocates, and in other various (service/community) roles, were regarded by participants as vital in helping build trust, develop meaningful engagement, and support service retention, among individuals seeking support for SUD.

Recommendations were made to ensure representation of individuals with lived experience in key sectors and systems, with additional funding and policy/messaging needed to best support widespread adoption.

Workforce development of peer professionals was also noted as essential, to addressing the need (reported) for more peer professionals in key sectors and supporting professional development opportunities for individuals in recovery. Strategies for workforce development were identified around increasing training/certification tracks, providing organizational incentives for development/utilization of peer positions, and increasing reimbursement rates for peer-delivered services.

[8] "Peer professionals" is intended to include both certified and non-certified professionals, who have lived experience with substance use disorders (SUD), and are presently in recovery, working in a peer-to-peer capacity; peer professionals work in a variety of settings including but not limited to prevention, treatment, recovery, harm reduction, health/medical, behavioral health, housing, and criminal-legal settings.

# Additional Considerations

The following items represent additional considerations and recommended strategies/services shared by participants:

- Increase provider education around co-occurring disorders; increase funding to support co-occurring needs across key sectors.
- Increase funding to address stigma around SUD and mental health disorders; develop an anti-stigma campaign that challenges assumptions/stereotypes of addiction.
- Increase funding for engagement centers (specifically); explore opportunities to increase service duration (length of stay) to improve engagement and promote further linkages to care.
- Increase provider education and training around trauma.
- Explore variations of existing integrated/comprehensive housing programming (e.g. HOPWA[9]), that may be adapted to support populations with SUD and/or co-occurring disorders (COD).
- Increase funding for smoking supplies offered by harm reduction organizations.
- Collect and use local data to craft tailored interventions/resources that support engagement with different communities.
- Ensure inclusion of/coordination with local communities when collecting/analyzing data and determining Substance Use Burden, Substance Use Resources, and Social Vulnerability.[10]
- Ensure support and consideration for families (in recovery), specifically in supportive housing opportunities.

[9] https://www.hudexchange.info/programs/hopwa/
[10] https://www.michigan.gov/opioids/category-data